

# MINNESOTA WING CIVIL AIR PATROL

## RADIO STATION AUTHORIZATION

UNIT NAME:		CHARTER:		TACTICAL CALL: (WG USE ONLY)	
ADDRESS:		CITY:		ZIP:	
TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION <input type="checkbox"/> RENEWAL					
CLASS OF STATION REQUESTED: <input type="checkbox"/> BASE <input type="checkbox"/> MOBILE <input type="checkbox"/> AIRMOBILE N# _____					
<b>COMPLETE THE FOLLOWING SECTION FOR INDIVIDUAL APPLICATION</b>					
NAME:		CAPSN:		RANK:	
ADDRESS:		CITY:		STATE/ZIP:	
HOME PHONE:	WORK PHONE:	E-MAIL:		TRANSMITTER SITE PHONE:	
RADIO OPERATOR AUTHORIZATION: CARD NR: _____ <input type="checkbox"/> BASIC <input type="checkbox"/> ADVANCED			DUTY ASSIGNMENT:		
<b>COMPLETE THE FOLLOWING SECTION FOR BASE STATION APPLICATION</b>					
LATITUDE: <div style="text-align: center;">N</div>		LONGITUDE: <div style="text-align: center;">W</div>		GROUND ELEVATION MSL:	
ANTENNA STRUCTURE EXTEND MORE THAN 20 FT ABOVE GROUND: <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT OF UPPER MOST POINT OF ANTENNA ABOVE GROUND LEVEL:		ANTENNA EXTEND MORE THAN 20 FT ABOVE BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEAREST AIRCRAFT LANDING AREA:			DISTANCE TO THE LANDING AREA:		
<b>EQUIPMENT INFORMATION</b>					
OWNER: <div style="text-align: center;"><input type="checkbox"/> C.A.P.    <input type="checkbox"/> MEMBER</div>			MAKE AND MODEL:		
FREQUENCY CAPABILITY:	POWER OUTPUT:	TYPE: <input type="checkbox"/> BASE <input type="checkbox"/> MOBILE/HANDHELD		FREQ CHECKED (NAME/DATE)	
DOES THE EQUIPMENT MEET CURRENT NTIA WIDEBAND STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO    (THIS EQUIPMENT CAN BE USED UP UNTIL THE FINAL TRANSITION TO NARROWBAND)					
DOES THE EQUIPMENT MEET THE NEW NTIA NARROWBAND STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>SIGNATURES</b>					
<p>I CERTIFY THAT I AM A CURRENT, ACTIVE MEMBER AND THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE. I WILL ABIDE BY THE RULES AND REGULATIONS AS SET FORTH BY CAPR 100-1 AND OTHER DIRECTIVES ISSUED BY WING COMMANDER AND OR DIRECTOR OF COMMUNICATIONS.</p> <p>I FURTHER UNDERSTAND THAT IF THE EQUIPMENT DOES NOT MEET NTIA NARROWBAND STANDARDS, I WILL BE ABLE TO USE IT ONLY UP UNTIL THE FINAL TRANSITION TO NARROWBAND TAKES PLACE.</p> <p style="text-align: center;">MEMBER OWNED EQUIPMENT MUST BE ACCOMPANIED BY A LEASE AGREEMENT.</p>					
SIGNATURE OF APPLICANT:			GRADE:		DATE:
UNIT COMMANDER OR DEPUTY:			GRADE:		DATE:
<b>WING HEADQUARTERS APPROVAL</b>					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; border-top: 1px solid black; text-align: center;">DIRECTOR OF COMMUNICATIONS</div> <div style="width: 33%; border-top: 1px solid black; text-align: center;">GRADE</div> <div style="width: 33%; border-top: 1px solid black; text-align: center;">DATE</div> </div>					